

EXHIBIT W

Page 1

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
3

4 THE CITY OF HUNTINGTON,)
5 Plaintiff,) Civil Action No. :
6) 3:17-01362
7 -vs-)
8)

9 AMERISOURCEBERGEN DRUG)
10 CORPORATION, et al.,)
11)
12 Defendants.)
13)

14 CABELL COUNTY COMMISSION,)
15 Plaintiff,) Civil Action No. :
16) 3:17-01665
17 -vs-)
18)

19 AMERISOURCEBERGEN DRUG)
20 CORPORATION, et al.,)
21)
22 Defendants.)
23)
24)

25 The videotaped deposition of DAVID COURTWRIGHT,
Ph.D. taken by counsel for the Defendant,
AmerisourceBergen Drug Corporation, pursuant to notice
and by agreement of counsel, reported by Carmen J.
Thomas, Registered Professional Reporter and Notary
Public, at 701 West Adams Street, Jacksonville, Florida,
on Thursday, September 10, 2020, commencing at 9:46 a.m.

1 A Well, there are many examples of
2 revisionist-themed marketing that come to mind for
3 1990s, early 2000s.

4 Q Are the examples that are coming to your mind
5 examples of revisionist marketing by manufacturers or
6 some other entity?

7 A Both.

8 Q Can you give me an example of revisionist
9 marketing in the mid-1990s or early 2000s that you're
10 aware of from a wholesaler or distributor?

11 A Yes.

12 Q Go ahead.

13 A Well, one example that comes to mind is that
14 AmerisourceBergen had a continuing education program for
15 pharmacists, and the idea was to help train pharmacists
16 to advise customers.

17 Everyone understood that pharmacists were an
18 important part of the health care system; that the
19 patients would ask them questions about medication; the
20 pharmacist kept an eye on patients and so on.

21 So there's a continuing education program
22 that the theme of it is, how do you advise patients
23 about opioids? And this particular continuing education
24 program -- I think the date is 2000, but, again, I don't
25 have the documents in front of me. But I -- I think

1 it's around 2000. 1999, 2000 -- includes, frankly,
2 revisionist literature that was ghostwritten by
3 Purdue-funded operatives which goes out to these
4 pharmacists and adopts a very pro opioid stance, cites
5 the Porter and Jick article, says there's low risk, you
6 should reassure your -- your customers if they're
7 worried about this. It's -- it's what I would call
8 classic revisionist marketing.

9 And so that's, I guess, an example of a
10 project, the writing of a pro opioid article that's
11 actually created by the manufacturer, and then it's
12 disseminated through the distributor as part of a
13 continuing education program that's aimed at
14 pharmacists.

15 Off the top of my head, I'm not -- I just
16 threw in a couple of examples in the report, and I'm
17 doing this without access to any of these documents, but
18 that comes to mind.

19 Q And the documents that you just mentioned --
20 that -- that came to your mind, can you recall where you
21 received that or how you received it?

22 MR. ELSNER: Objection.

23 THE WITNESS: Sitting here right now, no.

24 I -- I -- I -- I don't know. Obviously, there are
25 discovery documents in the context of one of these

1 trial. There are other examples I could give, yes.

2 BY MR. WEIMER:

3 Q And I just -- my -- I want to make sure my
4 question is clear.

5 What I'm asking you is, up to today, have you
6 done any work to identify other examples of distributor
7 involvement in revisionist-themed marketing about which
8 you plan to testify at trial?

9 A Would you -- would you repeat the question?
10 There -- there were several parts of it I'm -- I'm not
11 quite sure about. About which I intend to testify.
12 Please ask the question again.

13 Q So here -- and -- and let me see if I can put
14 a little context around the question.

15 And I'm sure you're familiar from the fact
16 that you've done expert reports in other cases, the --
17 the point of the report is to fairly describe the scope
18 of the opinions that you intend to offer as an expert
19 witness at trial and identify the materials -- the
20 supporting materials upon which those opinions are
21 based.

22 You are talking on page 99 of your report
23 about an example of a particular type of marketing
24 activity.

25 What I'm asking is, as you sit here today, do

1 you have -- prepared, organized, assembled -- a set of
2 additional examples that, if you testify at trial, I am
3 going to hear you talk about?

4 MR. ELSNER: Objection.

5 THE WITNESS: Organized, prepared, locked and
6 loaded and ready to use in trial, no. I have read
7 other documents that reinforce the opinion that I
8 state in this report that distributors were engaged
9 in marketing activities, which I find to be
10 continuous with their historical behavior.

11 What I'm trying to do here is -- is show that
12 distributors have never really simply been in a
13 logistics business; that for a century and a half,
14 they've been involved in marketing. And that
15 marketing continued in this new era of opioid
16 revisionism. That's the point I'm trying to get
17 across.

18 BY MR. WEIMER:

19 Q Okay. And that marketing that you just
20 described that you say distributors have been engaged in
21 for a century and a half, is that marketing to
22 pharmacies?

23 MR. ELSNER: Objection.

24 THE WITNESS: Among others, yes.

25 BY MR. WEIMER:

1 Q What others?

2 A The -- the customers of pharmacies.

3 By the mid-20th century, wholesalers were
4 helping retail pharmacists plan the layout of their drug
5 stores in a way that would be maximally appealing to
6 consumers.

7 So they're thinking about consumer behavior.
8 They're thinking about where you place advertisements.
9 They're helping to design advertisements for drug
10 stores. They're involved in all of these activities,
11 and they're bragging about it. They're promoting it.

12 They say, "These are the services we offer
13 you. Not just the delivery of drugs. We can help you
14 sell more products, and -- and not just pharmaceuticals.
15 We're in business to help you."

16 And they continue to do that in the late 20th
17 and the early 21st century with respect to opioid
18 analgesics.

19 Q One of the things you said in your last
20 answer was that wholesalers were helping to design
21 advertisements for drug stores.

22 What do you mean by that?

23 A Well, they -- they were -- they were coming
24 up with copy and telling druggists where to place the
25 ads so that they would be -- it would catch the eye of

1 the consumer and how to arrange the aisles and what
2 products went best with other products.

3 They were offering marketing -- I would
4 describe those as marketing services, and they were
5 providing them.

6 Q I want to be very precise in my question,
7 Dr. Courtwright, in making sure I precisely understand
8 your answer.

9 A Okay.

10 Q Your -- one of the things you said in your
11 last answer was that you -- you believe wholesalers help
12 pharmacies design advertisements.

13 So my first question is, is it your belief
14 that wholesalers provided any substantive content about
15 any particular drug to a pharmacy to be used in an -- in
16 an advertisement?

17 A Yes. Not only that, they created
18 advertisements in their own catalogs which they sent to
19 the pharmacies.

20 Q Created advertisements in their own catalogs
21 to -- to be sent to patients?

22 MR. ELSNER: Objection.

23 THE WITNESS: No. What I said was sent to
24 their own pharmacies.

25 So perhaps an example would be helpful.

1 If you look at a McKesson catalog from the
2 late 19th century, it's not just a price list.

3 It's not just, if you ordered three dozen bottles
4 of these pills, we'll sell them to you at this
5 price.

6 There -- there are colorful advertisements.
7 There are discounts. There's -- there's all kinds
8 of marketing material in the catalog. And --

9 Go ahead. I -- other -- other examples come
10 to mind, but I don't want to take your time. Go
11 ahead.

12 BY MR. WEIMER:

13 Q Okay. So let's focus on the time period
14 after the mid-1980s.

15 In that time period, is it your belief that
16 wholesalers provided any substantive content about any
17 particular drug to a pharmacy to be used in an
18 advertisement to patients?

19 MR. ELSNER: Objection.

20 THE WITNESS: Yes.

21 BY MR. WEIMER:

22 Q Okay. And what is that belief based on?

23 A I'm sorry. You broke up on that question.

24 Q What is that belief based on?

25 A Oh. Documents indicating that there were --

1 that opioid manufacturers contracted with druggists to
2 run infomercials that were sent through the distributors
3 to -- to their linked drug stores, and these
4 infomercials contained information about opioids and --
5 and conditions that might be treated with opioid drugs.

6 Q Okay. In that example that you just
7 mentioned, is the information passed on from the
8 manufacturer to the pharmacy via the wholesaler?

9 A I would have to go back and look at those
10 documents. My memory is that the content was created by
11 the distributors. I mean, it was their system.

12 When you walk into a doctor's office, you
13 often see these -- these screens that have information
14 about particular drugs or medical conditions. Those
15 also exist in drug stores. And they catch the eye of
16 the customer while he or she is waiting in line.

17 That sort of -- that was one vehicle for
18 providing information about these opioid analgesics.
19 And my recollection is that that content was shaped by
20 the distributor marketing teams and not simply by the
21 manufacturers.

22 Q Anything else that your -- the belief that
23 you say you have a couple answers ago is based on?

24 MR. ELSNER: Objection.

25 THE WITNESS: Could you be more precise,

1 types of materials that appear in pharmacies which you
2 believe may have been shaped, to some degree, by a
3 wholesaler or distributor, to the extent that those
4 materials discuss particular benefits or risks or side
5 effects of a drug, do you have any understanding as to a
6 source of that kind of information?

7 MR. ELSNER: Objection.

8 THE WITNESS: What time period are we talking
9 about?

10 BY MR. WEIMER:

11 Q Still in the post mid-1980 time period.

12 A I -- I really don't understand the question.
13 Could -- could you repeat the last -- just the last part
14 of the question?

15 Q To -- to the extent that the materials that
16 you have in mind that you believe may have been shaped,
17 to some degree, by a wholesaler discussed benefits or
18 side effects of a drug, do you have any understanding of
19 where that information about the benefits or side
20 effects came from?

21 MR. ELSNER: Objection.

22 THE WITNESS: Well, in -- in the continuing
23 education examples, the articles were originally
24 drafted by the manufacturer. In the -- in the case
25 that's cited on page 99 of the report, it's Kristi

1 Dover who -- of Purdue who comes to an
2 AmerisourceBergen conference and then, as part of
3 the continuing education program, provides that --
4 that information.

5 So, off the top of my head, and -- and -- and
6 noting that I haven't gone back through these
7 materials, no other examples occur to me right now
8 of that kind of marketing.

9 BY MR. WEIMER:

10 Q Okay. You -- you mentioned a while ago that
11 there's a number of documents that were produced in
12 discovery of one or more of the opioid lawsuits.

13 If you had to estimate, up to today, how many
14 documents have you reviewed that were produced in
15 discovery by one or more of the defendants as opposed to
16 historical material you may have uncovered based on your
17 independent research?

18 MR. ELSNER: Objection.

19 THE WITNESS: You mean how many -- how many
20 have I reviewed with respect to distributor
21 marketing?

22 BY MR. WEIMER:

23 Q In general. Order of magnitude. Have you
24 had access to the entire universe of the defendants'
25 discovery production, some subset of that?

1 activity of service wholesale --

2 MR. ELSNER: Objection.

3 THE COURT REPORTER: Could you repeat that?

4 You were garbled a little bit.

5 BY MR. WEIMER:

6 Q And as a general matter, do you ascribe
7 anything improper about the business of service
8 wholesaling?

9 MR. ELSNER: Same objection.

10 THE WITNESS: I don't think it's inherently
11 improper. I think, under certain circumstances, it
12 can be.

13 BY MR. WEIMER:

14 Q Dr. Courtwright, sticking with this concept
15 of distributor marketing, as you describe it, do you
16 intend to offer any opinions at trial in this case that
17 any of the Distributor Defendants directly marketed to
18 patients?

19 A To patients?

20 MR. ELSNER: Objection.

21 THE WITNESS: I am prepared to do so.

22 BY MR. WEIMER:

23 Q Okay. And what is the basis for that
24 opinion?

25 A I mentioned it earlier. The -- the presence

1 in drug stores of various screens that contain
2 advertising with respect to opioid products and -- and
3 conditions that might be treated with them.

4 That seems to me to be direct-to-consumer
5 advertising if you put up a screen and it's viewed by
6 customers in a drug store while they're waiting in line
7 to pick up their prescriptions.

8 Q Okay. And -- and just -- again, to make sure
9 the record is clear, because we -- we have -- but can
10 you -- when you say "screen," can you describe what you
11 have in your mind? Is it a computer screen? Is it one
12 of these big tall, you know, cutout-type displays?

13 What do you understand as a screen as you --
14 as you used the term?

15 MR. ELSNER: Objection.

16 THE WITNESS: It's a monitor like the ones
17 you see in the waiting rooms of doctors' offices
18 that have various infomercials. And sometimes
19 they'll do a break and they'll show you the
20 AccuWeather, and then they'll go on to another
21 infomercial.

22 BY MR. WEIMER:

23 Q Okay. Other than the example that you just
24 described, are you -- are you intending to testify at
25 trial about any other direct-to-consumer marketing

1 activities by any wholesaler?

2 MR. ELSNER: Objection. Asked and answered.

3 THE WITNESS: Well, I've already given you a
4 couple of examples of -- of where they use
5 continuing education programs to advise pharmacists
6 on how to advise customers about opioids.

7 BY MR. WEIMER:

8 Q Do you consider that a form of
9 direct-to-consumer advertising?

10 MR. ELSNER: Objection.

11 THE WITNESS: Well, the objective of -- of
12 the marketing is to influence consumer behavior and
13 get them not to worry about taking opioid-based
14 medications. That seems to me it's aimed at the
15 consumer.

16 BY MR. WEIMER:

17 Q Dr. Courtwright, you're not an expert in
18 marketing, are you? You don't consider yourself to be
19 an expert in marketing?

20 A I -- I know a lot about the marketing -- the
21 historical aspects of marketing psychoactive substances
22 about which I've written a couple of books.

23 I don't have a degree -- I don't have a Ph.D.
24 in marketing, if that's what you're asking.

25 Q I'm asking if you consider yourself to be an

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1 aware of any other examples of what you consider to be
2 direct-to-consumer marketing by wholesalers?

3 MR. ELSNER: Objection.

4 THE WITNESS: As -- as -- as I sit here today
5 and try to answer your question as honestly as I
6 can, none comes to mind. If I -- if I went back
7 through piles of documents, I might find something
8 else, but nothing else comes to mind.

9 BY MR. WEIMER:

10 Q Okay. We've talked about pharmacists, and
11 we've talked about patients. I want to ask, though,
12 about marketing to physicians.

13 Do you intend to offer any opinion at trial
14 that any of the Distributor Defendants in this case
15 engaged in any marketing activity directly with
16 prescribers or doctors?

17 A Through -- through the use of coupons and
18 saving cards and in providing information about the use
19 of those cards and sending it back to the manufacturers
20 to improve their targeting, yes.

21 Q Can you expand on what you mean by your prior
22 answer?

23 MR. ELSNER: Objection.

24 THE WITNESS: Expand how? I mean, some of
25 the distributors had programs for opioids in which

1 they would distribute or help distribute coupons
2 and saving cards, and they would report who was
3 using them, and -- and they would report that
4 information back to manufacturers.

5 BY MR. WEIMER:

6 Q Coupon savings cards distributed to
7 physicians?

8 A Yes. In other words, the idea was to have
9 a -- a coupon available at the time the physician was
10 seeing a patient, and then physicians, maybe thinking
11 about prescribing the drug, was worried about the
12 initial cost of the medication or whether it's covered
13 by insurance, and so they're -- they and the patient are
14 both more willing to try this if they have a -- a
15 discount available for the -- the first prescription.

16 Q And so that the coupon that would have been
17 offered by the drug manufacturer through the -- through
18 the --

19 A Through the distributor, correct.

20 Q Okay. Other than the example you just
21 described with respect to the coupons, are you aware of
22 any other examples of -- of what you describe as
23 marketing activity by a wholesaler to prescribers or
24 doctors?

25 A Only insofar as the Distributor Defendants

1 were subsidizing organizations like the American Pain
2 Society, which were very much in the business of
3 providing pro-opioid continuing medical education to
4 physicians.

5 And also, I guess, as -- as I think about it,
6 to the extent that they supported organizations like the
7 American Pain Foundation or the Pain Forum and they were
8 acting as advocacy organizations for a larger public.

9 MR. ELSNER: We've been going about an hour.
10 If there's a convenient time in your questioning
11 for a break --

12 MR. WEIMER: I was just thinking the same
13 thing. Why don't we go off the record.

14 THE VIDEOGRAPHER: We are off the record at
15 1:35.

16 (A recess was taken.)

17 THE VIDEOGRAPHER: We're back on the record
18 at 1:51.

19 BY MR. WEIMER:

20 Q Okay. Dr. Courtwright, the example that you
21 mentioned of what you consider to be a form of
22 direct-to-consumer marketing by wholesalers of the
23 screens that are placed in pharmacies, that's -- that's
24 not an example that you discussed in your report in this
25 case, is it?

1 A I have not found a document that confirms
2 that.

3 Q And do you see on Exhibit 19 that the total
4 amount of money reflected at the bottom of the chart is
5 \$132,000 -- \$132,661, correct?

6 A Correct.

7 Q And just in -- in rough numbers, the rebate
8 line item above that constitutes roughly one-third of
9 that total; would you agree?

10 A No. Three times 40,000 is 120,000.
11 But it -- it -- you know, it's 30 percent or something.
12 Not quite a third.

13 Q Okay. A little further down, there are a
14 couple of entries for telemarketing.

15 Do you see those?

16 A I do.

17 Q Okay. Do you have any understanding, either
18 from the face of this document or any other information
19 you've reviewed, as to what the telemarketing program
20 was that is referred to here?

21 A I do.

22 Q Okay. Can you explain your -- that
23 understanding?

24 A I recall a Cardinal document representing to
25 manufacturers that it was Cardinal's own trained staff

1 that placed the calls to the pharmacists, and they
2 actually had developed personal relationships with the
3 pharmacists over time and that that was a good reason to
4 use the Cardinal telemarketing service.

5 Q So is your understanding, based on that
6 document, that the telemarketing program that is
7 described here is telemarketing involving pharmacists?

8 A Yes. That's my understanding based on other
9 documents.

10 Q Okay. Did -- did any of the documents or
11 information that you reviewed indicate that this program
12 contemplated any telemarketing by any wholesaler direct
13 to consumers or patients?

14 A I have seen no documents to that effect.

15 Q Okay.

16 A With respect to telemarketing.

17 Q Okay. Do you see on here a couple of entries
18 that relate to screen-saver advertising?

19 A I do, yes.

20 Q Okay. Do you have an understanding, whether
21 from the face of this document or any other information
22 you've reviewed, what that refers to?

23 A It's what --

24 MR. ELSNER: Objection.

25 Go ahead.

1 THE WITNESS: It's -- it's what I remember
2 from the 1990s back in the day when you would see
3 screen -- when screen savers were a thing, you
4 would sometimes see advertising. I mean, I know
5 what a screen saver is from this era. I didn't see
6 a document that described in detail what this
7 screen saver is.

8 BY MR. WEIMER:

9 Q Okay. Do you have any understanding from the
10 information that you reviewed whose screen the screen
11 saver would show up on, meaning pharmacists, doctors,
12 patients, somebody else?

13 A From context -- that is, from the other
14 documents I looked at -- what's being referenced here, I
15 believe, are the pharmacists' screens.

16 One of the things that happened in the
17 industry at this point in time is that there was more
18 and more digital communication between the wholesalers
19 and the pharmacists, that is, between the distributors
20 and the pharmacists. And so my assumption is that this
21 was going out to alert pharmacists about this new
22 product.

23 Q Okay. Dr. Courtwright, is there anything
24 about the OxyContin promotional programs that are listed
25 on Exhibit 19 that you intend to testify at trial were

1 A So -- so anyway, so -- so if -- if your
2 question is, am I sure that all of these wholesaler
3 programs that are listed here are exclusively aimed at
4 pharmacists, the answer is, no, I'm not sure.

5 Q Okay. Would you agree with me that,
6 regardless of the success or failure of any of the
7 specific wholesaler programs that are described in these
8 first couple of pages of Exhibit 20, that, lawfully,
9 before a patient would receive one of these medications,
10 they would still need a prescription for it from a
11 doctor?

12 A That is correct.

13 Q If you turn to page two of Exhibit 20,
14 under -- directing your attention to the portion of the
15 page under the heading "Obstacles to Our Growth," do you
16 see that section?

17 A I do.

18 Q And do you see, in the second sentence of
19 that first paragraph of that section, a commentary by
20 the author that says, "While many of the programs are
21 difficult to tie to actual sales growth, they go to
22 tremendous amount of goodwill with the wholesaler" --

23 A I do.

24 Q -- do you see that?

25 Based on the other information that you've

1 reviewed in connection with your work in this case,
2 do -- do you have any understanding, one way or the
3 other, whether it is difficult to tie any of these
4 programs to actual sales growth?

5 MR. ELSNER: Objection.

6 THE WITNESS: Well, it's certainly the case
7 that, historically, the distributors represented
8 such programs -- such marketing programs as
9 providing a boost to manufacture or sales.

10 Now, Mr. Green may be expressing skepticism
11 as to, you know, how easy it is to pin down or
12 quantify that sales growth. That was certainly a
13 claim that was made by distributors to their
14 customers.

15 BY MR. WEIMER:

16 Q And just to -- just to make sure I'm clear,
17 while there is some discussion in this document of
18 OxyContin, there is also discussion of other -- other
19 medications as well, correct?

20 A At the top of the page, I see a reference to
21 MS Contin, which is also an opiate; Kadian, which is
22 also an opiate.

23 Do you want me to read through the entire
24 document and pick out the nonopioid references?

25 I mean, I'll just take your word for it that

1 Q Okay. Is -- is that your understanding of
2 the journalistic and government investigations that you
3 describe here, that the focus of those investigations
4 was primarily on the failure of distributors to
5 investigate, suspend, and report suspicious orders and
6 on its lobby -- their lobbying efforts?

7 A I believe that is an accurate
8 characterization of the major themes in the sources
9 cited in footnote 102.

10 Q Okay. If you go over to page 104, you're
11 having some additional discussion about the wholesale
12 drug business in the United States. And you see at the
13 end of the first paragraph on page 104, you write, "By
14 the late 19th century, they had become vertically
15 integrated operations involved in marketing as well as
16 supply, service wholesalers in industry parlance."

17 Do you see that?

18 A I do.

19 Q What's your understanding of -- strike that.
20 When you use the term "vertically integrated"
21 in that sentence on page 104 of your report, what do you
22 mean?

23 A I mean they were in -- involved in all
24 aspects of the production and distribution and marketing
25 chain. And, in fact, even -- it's even more extensive

1 than that. McKesson and other large wholesalers were
2 opium importers, and they distributed their own opiates
3 as well as opiates that were manufactured by other
4 companies. And they advertised both their own opiates
5 as -- as well as the products of other firms that they
6 distributed.

7 And, as I said earlier, they also gave advice
8 to various retailers about how best to -- to sell
9 merchandise. They were involved in the marketing. And
10 so in just about every way you can be involved, they --
11 they were involved in -- in the process from poppy to
12 drug store.

13 That's what I meant by "vertically
14 integrated."

15 Q Okay. Do you intend to offer an opinion in
16 this case at trial that the Distributor Defendants in
17 this case are vertically integrated, as you used the
18 term today?

19 MR. ELSNER: Objection.

20 THE WITNESS: I'm prepared to offer such a
21 statement if asked.

22 BY MR. WEIMER:

23 Q Okay. You have a discussion on page 104
24 about McKesson & Robbins and you -- you -- there's
25 discussion elsewhere in your report about McKesson &

1 the person is doing something that's perfectly legal,
2 you're taking prescribed medications and they're not
3 diverting them and so on, that doesn't mean that that
4 person is not in a whole lot of trouble or at -- or at
5 risk of their -- of their life.

6 So there are other complications there. But
7 in terms of the legal distinction, if that's what you're
8 looking for, I agree.

9 Q Okay.

10 THE WITNESS: Mr. Weimer, do you mind if we
11 take a short break so I can wet my whistle?

12 MR. WEIMER: Of course. Take five or ten
13 minutes.

14 THE VIDEOGRAPHER: We are off the record at
15 3:43.

16 (A recess was taken.)

17 THE VIDEOGRAPHER: We are back on the record
18 at 3:59.

19 BY MR. WEIMER:

20 Q Okay. Dr. Courtwright, I want to circle back
21 to the discussion we had a little while ago with respect
22 to some of the testimony you gave about marketing
23 activity by wholesalers. A couple just follow-up
24 questions there.

25 First, you mentioned some document or

1 documents you think you had reviewed with respect to
2 screens that might have been provided by wholesalers to
3 pharmacies.

4 Do -- do you generally recall that testimony?

5 A I do.

6 Q Do -- do you have any further recollection as
7 to what the document or documents were that you saw that
8 described those screens?

9 A Sure. I think it was Cardinal, and I think
10 it was tied into some kind of marketing point scheme.

11 In other words, in exchange for volume
12 business, the distributors would assign a certain number
13 of marketing points to the manufacturers, and the
14 manufacturers could then use those to purchase certain
15 marketing services that were offered by the
16 distributors. And among those services were these --
17 these advertising -- these screen advertising gimmicks
18 or promotions.

19 Now, that's my best recollection.

20 Q Okay. The marketing point scheme or program
21 that you described, do you recall seeing any information
22 indicating whether that program was to include only
23 opioid medications or other medications as well?

24 MR. ELSNER: Objection.

25 THE WITNESS: Oh, I'm virtually certain that